

**MEDI-CAL
NOVEMBER 2006
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2006-07 and 2007-08**

**CURRENT
YEAR**

Fiscal Forecasting and Data Management Branch
State Department of Health Services
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MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2006-07

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
I. BASE ESTIMATES			
A. C/Y FFS BASE	\$15,083,523,660	\$7,541,761,830	\$7,541,761,830
B. C/Y NON-FFS BASE	\$13,694,115,000	\$8,357,696,000	\$5,336,419,000
C. BASE ADJUSTMENTS	-\$280,504,000	-\$265,945,500	-\$14,558,500
D. ADJUSTED BASE	<u>\$28,497,134,660</u>	<u>\$15,633,512,330</u>	<u>\$12,863,622,330</u>
II. POLICY CHANGES			
A. ELIGIBILITY	\$575,473,380	\$233,542,200	\$341,931,180
B. BENEFITS	\$582,034,960	\$471,718,880	\$110,316,080
C. PHARMACY	-\$1,180,319,620	-\$599,962,910	-\$580,356,710
D. MANAGED CARE	\$241,106,000	\$118,553,000	\$122,553,000
E. PROVIDER RATES	\$232,407,680	\$116,203,840	\$116,203,840
F. HOSPITAL FINANCING	\$3,211,881,200	\$2,658,606,200	\$553,275,000
G. SUPPLEMENTAL PMNTS.	\$475,900,000	\$316,450,000	\$159,450,000
H. OTHER	-\$18,618,760	-\$37,626,380	\$19,007,620
I. TOTAL CHANGES	<u>\$4,119,864,840</u>	<u>\$3,277,484,830</u>	<u>\$842,380,010</u>
III. TOTAL MEDI-CAL ESTIMATE	<u><u>\$32,616,999,500</u></u>	<u><u>\$18,910,997,160</u></u>	<u><u>\$13,706,002,350</u></u>

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2006-07

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
ELIGIBILITY				
1	FAMILY PLANNING INITIATIVE	\$446,576,000	\$301,112,500	\$145,463,500
2	BREAST AND CERVICAL CANCER TREATMENT	\$73,147,000	\$40,651,650	\$32,495,350
3	REDETERMINATION FORM SIMPLIFICATION	\$22,607,330	\$11,303,660	\$11,303,660
4	CHDP GATEWAY - PREENROLLMENT	\$17,549,000	\$11,406,850	\$6,142,150
5	BRIDGE TO HFP	\$7,418,000	\$4,821,700	\$2,596,300
6	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$5,000,000	\$2,500,000	\$2,500,000
7	ELIG. FOR CHILDREN IN MONTH PRIOR TO SSI/SSP GRAP	\$1,595,010	\$797,500	\$797,500
8	MEDI-CAL/HF BRIDGE PERFORMANCE STANDARDS	\$1,002,590	\$651,690	\$350,910
9	MEDI-CAL TO HFP ACCELERATED ENROLLMENT	\$322,220	\$209,440	\$112,780
10	BCCTP RETROACTIVE COVERAGE	\$256,240	\$166,560	\$89,680
12	HURRICANE KATRINA SECTION 1115 WAIVER	\$0	\$505,000	-\$505,000
13	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$16,581,150	-\$16,581,150
14	REFUGEES	\$0	\$2,371,000	-\$2,371,000
15	NEW QUALIFIED ALIENS	\$0	-\$159,536,500	\$159,536,500
16	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0
	ELIGIBILITY SUBTOTAL	\$575,473,380	\$233,542,200	\$341,931,180
BENEFITS				
17	ADULT DAY HEALTH CARE - CDA	\$359,821,000	\$179,910,500	\$179,910,500
18	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$153,000,000	\$153,000,000	\$0
19	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$50,516,000	\$25,258,000	\$25,258,000
20	CONLAN V. BONTA	\$9,814,400	\$4,907,200	\$4,907,200
21	HUMAN PAPILLOMAVIRUS VACCINE	\$3,797,890	\$1,898,950	\$1,898,950
22	PRENATAL SCREENING EXPANSION	\$3,159,650	\$1,579,820	\$1,579,820
23	NF A/B WAIVER GROWTH	\$1,309,260	\$654,630	\$654,630
24	DENTAL RESTORATION DOCUMENTATION REQUIREMEN	\$1,001,000	\$500,500	\$500,500
25	GENETIC DISEASE TESTING FEE INCREASE	\$940,820	\$470,410	\$470,410
26	FLUORIDE VARNISH	\$920,000	\$460,000	\$460,000
27	ELIMINATION OF PODIATRY TARS	\$119,850	\$59,930	\$59,930
28	NEW SERVICES FOR NF A/B, SUBACUTE & IHMC WAIVER	\$67,090	\$33,540	\$33,540
32	FAMILY PACT STATE ONLY SERVICES	\$0	-\$2,500,000	\$2,500,000
33	CLPP FUNDING FOR EPSDT LEAD SCREENS	\$0	\$0	\$0
34	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$112,063,900	-\$112,063,900
35	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	-\$5,362,500	\$5,362,500
37	EXPANSION OF NF A/B WAIVER (SB 643)	-\$140,000	-\$70,000	-\$70,000
38	\$1800 DENTAL CAP FOR ADULTS	-\$2,292,000	-\$1,146,000	-\$1,146,000
	BENEFITS SUBTOTAL	\$582,034,960	\$471,718,880	\$110,316,080
PHARMACY				
39	HIV/AIDS PHARMACY PILOT PROGRAM	\$0	-\$4,224,500	\$4,224,500
40	NON FFP DRUGS	\$0	-\$938,000	\$938,000

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2006-07

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
PHARMACY				
42	MEDICAL SUPPLY CONTRACTING	-\$3,130,740	-\$1,565,370	-\$1,565,370
43	ENTERAL NUTRITION PRODUCTS	-\$4,426,710	-\$2,213,350	-\$2,213,350
44	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$4,539,170	-\$2,269,590	-\$2,269,590
45	AGED DRUG REBATE RESOLUTION	-\$12,000,000	-\$6,000,000	-\$6,000,000
46	FAMILY PACT DRUG REBATES	-\$30,207,000	-\$17,992,100	-\$12,214,900
47	STATE SUPPLEMENTAL DRUG REBATES	-\$357,390,000	-\$179,251,000	-\$178,139,000
48	FEDERAL DRUG REBATE PROGRAM	-\$768,626,000	-\$385,509,000	-\$383,117,000
	PHARMACY SUBTOTAL	-\$1,180,319,620	-\$599,962,910	-\$580,356,710
MANAGED CARE				
52	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$161,000,000	\$78,500,000	\$82,500,000
55	RESTORATION OF PROVIDER PAYMENT DECREASE	\$66,415,000	\$33,207,500	\$33,207,500
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$5,000,000	\$2,500,000	\$2,500,000
61	PACE RATES AT 90% OF UPL	\$3,348,000	\$1,674,000	\$1,674,000
62	CAPITATION RATE INCREASES	\$2,860,000	\$1,430,000	\$1,430,000
63	QUALITY IMPROVEMENT ASSESSMENT FEE	\$2,483,000	\$1,241,500	\$1,241,500
64	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
	MANAGED CARE SUBTOTAL	\$241,106,000	\$118,553,000	\$122,553,000
PROVIDER RATES				
65	NF-B RATE CHANGES AND QA FEE	\$139,065,370	\$69,532,680	\$69,532,680
66	LTC RATE ADJUSTMENT	\$51,481,690	\$25,740,850	\$25,740,840
67	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$15,517,340	\$7,758,670	\$7,758,670
68	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$14,883,000	\$7,441,500	\$7,441,500
69	DME REIMBURSEMENT CHANGES	\$4,524,000	\$2,262,000	\$2,262,000
70	HOSPICE RATE INCREASES	\$4,405,590	\$2,202,800	\$2,202,800
71	MINIMUM WAGE INCREASE FOR LTC FACILITIES	\$2,530,690	\$1,265,350	\$1,265,340
	PROVIDER RATES SUBTOTAL	\$232,407,680	\$116,203,840	\$116,203,840
HOSPITAL FINANCING				
74	HOSP FINANCING - DSH PMT	\$1,613,654,000	\$1,030,712,000	\$582,942,000
75	HOSP FINANCING - SAFETY NET CARE POOL	\$593,848,000	\$593,848,000	\$0
76	HOSP FINANCING - PRIVATE DSH REPLACEMENT	\$477,742,000	\$238,871,000	\$238,871,000
77	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$318,696,000	\$159,348,000	\$159,348,000
78	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN	\$98,767,000	\$98,767,000	\$0
79	HOSP FINANCING - CCS AND GHPP	\$72,581,000	\$72,581,000	\$0
80	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$57,696,000	\$28,848,000	\$28,848,000
81	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$5,427,200	\$5,427,200	\$0
82	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,998,000	\$1,999,000	\$1,999,000
85	HOSP FINANCING - STABILIZATION FUNDING	\$0	\$0	\$0
86	HOSP FINANCING - BCCTP	\$0	\$291,000	-\$291,000
87	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$420,586,000	-\$420,586,000

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2006-07

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
	<u>HOSPITAL FINANCING</u>			
88	HOSP FINANCING - MIA LTC	\$0	\$7,328,000	-\$7,328,000
89	HOSP FINANCING - DPH RATE RECONCILIATION	-\$30,528,000	\$0	-\$30,528,000
	HOSPITAL FINANCING SUBTOTAL	\$3,211,881,200	\$2,658,606,200	\$553,275,000
	<u>SUPPLEMENTAL PMNTS.</u>			
90	CAPITAL PROJECT DEBT REIMBURSEMENT	\$133,691,000	\$66,845,500	\$66,845,500
91	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$120,000,000	\$120,000,000	\$0
92	IGT FOR NON-SB 1100 HOSPITALS	\$100,000,000	\$50,000,000	\$50,000,000
93	FFP FOR LOCAL TRAUMA CENTERS	\$65,000,000	\$32,500,000	\$32,500,000
94	CERTIFICATION PAYMENTS FOR DP-NFS	\$37,000,000	\$37,000,000	\$0
95	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$5,000,000
96	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$4,000,000
97	DSH PAYMENTS	\$2,209,000	\$1,104,500	\$1,104,500
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$475,900,000	\$316,450,000	\$159,450,000
	<u>OTHER</u>			
110	HEALTHY FAMILIES - CDMH	\$40,394,000	\$40,394,000	\$0
111	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$14,682,000	\$7,341,000	\$7,341,000
114	MINOR CONSENT SETTLEMENT	\$9,467,000	\$0	\$9,467,000
116	ANTI-FRAUD BIC CLAIMS REPROCESSING	\$3,903,990	\$1,952,000	\$1,952,000
118	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
120	ESTATE RECOVERY REGULATIONS	\$427,940	\$213,970	\$213,970
121	FFP REPAYMENT-SPECIALTY MENTAL HEALTH	\$0	-\$1,900,000	\$1,900,000
122	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
124	INDIAN HEALTH SERVICES	\$0	\$5,900,000	-\$5,900,000
125	ANTI-FRAUD EXPANSION FOR FY 2004-05	\$0	\$0	\$0
126	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	-\$36,000,000	\$36,000,000
127	STATE-ONLY IMD ANCILLARY SERVICES	\$0	-\$11,900,000	\$11,900,000
129	MEDICAL SUPPORT ENHANCEMENTS	-\$1,006,460	-\$503,230	-\$503,230
130	GLAXOSMITHKLINE SETTLEMENT	-\$1,239,000	\$0	-\$1,239,000
131	EDS COST CONTAINMENT PROJECTS	-\$1,627,440	-\$813,720	-\$813,720
132	NEW RECOVERY ACTIVITIES	-\$16,857,660	-\$8,428,830	-\$8,428,830
133	ANTI-FRAUD EXPANSION FOR FY 2005-06	-\$30,145,970	-\$15,072,980	-\$15,072,980
134	ANTI-FRAUD EXPANSION FOR FY 2006-07	-\$37,617,150	-\$18,808,580	-\$18,808,570
	OTHER SUBTOTAL	-\$18,618,760	-\$37,626,380	\$19,007,630
	GRAND TOTAL	\$4,119,864,840	\$3,277,484,830	\$842,380,010

MEDI-CAL EXPENDITURES BY SERVICE CATEGORY FISCAL YEAR 2006-07

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
PROFESSIONAL	\$3,896,186,270	\$2,030,315,340	\$1,865,870,930
PHYSICIANS	\$1,208,330,360	\$596,601,180	\$611,729,180
OTHER MEDICAL	\$1,912,048,990	\$987,546,940	\$924,502,060
COUNTY OUTPATIENT	\$159,322,670	\$111,175,650	\$48,147,020
COMMUNITY OUTPATIENT	\$616,484,250	\$334,991,570	\$281,492,680
PHARMACY	\$1,718,230,490	\$836,928,810	\$881,301,680
HOSPITAL INPATIENT	\$7,517,611,780	\$4,769,594,490	\$2,748,017,290
COUNTY INPATIENT	\$2,410,858,430	\$1,931,937,250	\$478,921,190
COMMUNITY INPATIENT	\$5,106,753,350	\$2,837,657,250	\$2,269,096,100
LONG TERM CARE	\$4,105,682,610	\$2,054,576,770	\$2,051,105,840
NURSING FACILITIES	\$3,689,942,980	\$1,846,787,740	\$1,843,155,240
ICF-DD	\$415,739,630	\$207,789,030	\$207,950,600
OTHER SERVICES	\$1,371,829,770	\$738,729,860	\$633,099,910
MEDICAL TRANSPORTATION	\$152,443,180	\$71,706,250	\$80,736,930
OTHER SERVICES	\$1,050,014,670	\$584,361,100	\$465,653,560
HOME HEALTH	\$169,371,920	\$82,662,510	\$86,709,420
TOTAL FEE-FOR-SERVICE	\$18,609,540,920	\$10,430,145,270	\$8,179,395,650
MANAGED CARE	\$5,953,687,520	\$2,927,837,950	\$3,025,849,560
TWO PLAN MODEL	\$3,302,340,170	\$1,623,111,040	\$1,679,229,130
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,811,264,780	\$890,648,600	\$920,616,180
GEOGRAPHIC MANAGED CARE	\$520,376,600	\$256,522,620	\$263,853,980
PHP & OTHER MANAG. CARE	\$319,705,970	\$157,555,690	\$162,150,280
DENTAL	\$558,211,450	\$270,572,930	\$287,638,530
MENTAL HEALTH	\$1,249,316,990	\$1,249,174,540	\$142,450
AUDITS/ LAWSUITS	\$12,561,000	-\$853,000	\$13,414,000
EPSDT SCREENS	\$67,289,980	\$34,394,140	\$32,895,840
MEDICARE PAYMENTS	\$3,167,348,000	\$874,151,000	\$2,293,197,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$307,038,000	\$307,038,000	\$0
MISC. SERVICES	\$2,964,200,000	\$2,953,005,000	\$11,195,000
RECOVERIES	-\$272,194,360	-\$134,468,680	-\$137,725,680
GRAND TOTAL MEDI-CAL	\$32,616,999,500	\$18,910,997,160	\$13,706,002,350

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
NOVEMBER 2006 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2006-07**

SERVICE CATEGORY	2006-07 APPROPRIATION	NOV. 2006 EST. FOR 2006-07	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$3,816,997,350	\$3,896,186,270	\$79,188,920	2.07
PHYSICIANS	\$1,180,322,530	\$1,208,330,360	\$28,007,830	2.37
OTHER MEDICAL	\$1,916,759,330	\$1,912,048,990	-\$4,710,340	-0.25
COUNTY OUTPATIENT	\$165,240,090	\$159,322,670	-\$5,917,420	-3.58
COMMUNITY OUTPATIENT	\$554,675,400	\$616,484,250	\$61,808,850	11.14
PHARMACY	\$1,978,882,430	\$1,718,230,490	-\$260,651,940	-13.17
HOSPITAL INPATIENT	\$6,954,103,320	\$7,517,611,780	\$563,508,450	8.10
COUNTY INPATIENT	\$2,425,477,370	\$2,410,858,430	-\$14,618,930	-0.60
COMMUNITY INPATIENT	\$4,528,625,960	\$5,106,753,350	\$578,127,390	12.77
LONG TERM CARE	\$4,295,755,270	\$4,105,682,610	-\$190,072,660	-4.42
NURSING FACILITIES	\$3,875,308,530	\$3,689,942,980	-\$185,365,540	-4.78
ICF-DD	\$420,446,740	\$415,739,630	-\$4,707,110	-1.12
OTHER SERVICES	\$1,430,437,820	\$1,371,829,770	-\$58,608,050	-4.10
MEDICAL TRANSPORTATION	\$139,275,180	\$152,443,180	\$13,168,000	9.45
OTHER SERVICES	\$1,106,316,310	\$1,050,014,670	-\$56,301,640	-5.09
HOME HEALTH	\$184,846,330	\$169,371,920	-\$15,474,410	-8.37
TOTAL FEE-FOR-SERVICE	\$18,476,176,200	\$18,609,540,920	\$133,364,730	0.72
MANAGED CARE	\$5,719,142,350	\$5,953,687,520	\$234,545,170	4.10
TWO PLAN MODEL	\$3,348,337,640	\$3,302,340,170	-\$45,997,470	-1.37
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,548,295,040	\$1,811,264,780	\$262,969,740	16.98
GEOGRAPHIC MANAGED CARE	\$481,868,860	\$520,376,600	\$38,507,740	7.99
PHP & OTHER MANAG. CARE	\$340,640,810	\$319,705,970	-\$20,934,840	-6.15
DENTAL	\$566,079,390	\$558,211,450	-\$7,867,930	-1.39
MENTAL HEALTH	\$1,448,883,610	\$1,249,316,990	-\$199,566,610	-13.77
AUDITS/ LAWSUITS	\$12,332,180	\$12,561,000	\$228,830	1.86
EPSDT SCREENS	\$70,712,670	\$67,289,980	-\$3,422,700	-4.84
MEDICARE PAYMENTS	\$3,274,385,000	\$3,167,348,000	-\$107,037,000	-3.27
STATE HOSP./DEVELOPMENTAL CNTRS.	\$313,371,100	\$307,038,000	-\$6,333,100	-2.02
MISC. SERVICES	\$2,777,240,900	\$2,964,200,000	\$186,959,100	6.73
RECOVERIES	-\$262,023,440	-\$272,194,360	-\$10,170,920	3.88
GRAND TOTAL MEDI-CAL	\$32,396,299,950	\$32,616,999,500	\$220,699,550	0.68
STATE FUNDS	\$13,675,304,880	\$13,706,002,350	\$30,697,460	0.22

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
NOVEMBER 2006 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2006-07**

NO.	POLICY CHANGE TITLE	2006-07 APPROPRIATION		NOV. 2006 EST. FOR 2006-07		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<u>ELIGIBILITY</u>						
1	FAMILY PLANNING INITIATIVE	\$457,301,000	\$148,956,600	\$446,576,000	\$145,463,500	-\$10,725,000	-\$3,493,100
2	BREAST AND CERVICAL CANCER TREATMENT	\$77,895,000	\$33,003,950	\$73,147,000	\$32,495,350	-\$4,748,000	-\$508,600
3	REDETERMINATION FORM SIMPLIFICATION	\$37,387,520	\$18,693,760	\$36,504,640	\$18,252,320	-\$882,880	-\$441,440
4	CHDP GATEWAY - PREENROLLMENT	\$17,303,000	\$6,056,050	\$17,549,000	\$6,142,150	\$246,000	\$86,100
5	BRIDGE TO HFP	\$5,217,000	\$1,825,950	\$7,418,000	\$2,596,300	\$2,201,000	\$770,350
6	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$5,000,000	\$2,500,000	\$5,000,000	\$2,500,000	\$0	\$0
7	ELIG. FOR CHILDREN IN MONTH PRIOR TO SSI/SSP GR	\$1,240,540	\$620,270	\$1,595,010	\$797,500	\$354,470	\$177,240
8	MEDI-CAL/HF BRIDGE PERFORMANCE STANDARDS	\$1,110,790	\$388,770	\$1,002,590	\$350,910	-\$108,190	-\$37,870
9	MEDI-CAL TO HFP ACCELERATED ENROLLMENT	\$5,667,530	\$1,983,640	\$322,220	\$112,780	-\$5,345,310	-\$1,870,860
10	BCCTP RETROACTIVE COVERAGE	\$744,260	\$260,490	\$256,240	\$89,680	-\$488,020	-\$170,810
12	HURRICANE KATRINA SECTION 1115 WAIVER	\$0	-\$2,318,000	\$0	-\$505,000	\$0	\$1,813,000
13	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$15,046,950	\$0	-\$16,581,150	\$0	-\$1,534,200
14	REFUGEES	\$0	-\$2,712,000	\$0	-\$2,371,000	\$0	\$341,000
15	NEW QUALIFIED ALIENS	\$0	\$170,898,500	\$0	\$159,536,500	\$0	-\$11,362,000
16	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0	\$0	\$0	\$0
	ELIGIBILITY SUBTOTAL	\$608,866,630	\$365,111,030	\$589,370,700	\$348,879,840	-\$19,495,930	-\$16,231,190
	<u>BENEFITS</u>						
17	ADULT DAY HEALTH CARE - CDA	\$415,187,730	\$207,593,870	\$359,821,000	\$179,910,500	-\$55,366,730	-\$27,683,370
18	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$153,000,000	\$0	\$153,000,000	\$0	\$0	\$0
19	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$47,515,000	\$22,258,000	\$50,516,000	\$25,258,000	\$3,001,000	\$3,000,000
20	CONLAN V. BONTA	\$27,971,580	\$13,985,790	\$9,814,400	\$4,907,200	-\$18,157,180	-\$9,078,590
21	HUMAN PAPILLOMAVIRUS VACCINE	\$0	\$0	\$3,797,890	\$1,898,950	\$3,797,890	\$1,898,950
22	PRENATAL SCREENING EXPANSION	\$0	\$0	\$3,159,650	\$1,579,820	\$3,159,650	\$1,579,820
23	NF A/B WAIVER GROWTH	\$0	\$0	\$1,309,260	\$654,630	\$1,309,260	\$654,630

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
NOVEMBER 2006 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2006-07**

NO.	POLICY CHANGE TITLE	2006-07 APPROPRIATION		NOV. 2006 EST. FOR 2006-07		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<u>BENEFITS</u>						
24	DENTAL RESTORATION DOCUMENTATION REQUIREME	\$0	\$0	\$1,001,000	\$500,500	\$1,001,000	\$500,500
25	GENETIC DISEASE TESTING FEE INCREASE	\$0	\$0	\$940,820	\$470,410	\$940,820	\$470,410
26	FLUORIDE VARNISH	\$3,951,220	\$1,975,610	\$920,000	\$460,000	-\$3,031,220	-\$1,515,610
27	ELIMINATION OF PODIATRY TARS	\$200,000	\$100,000	\$119,850	\$59,930	-\$80,150	-\$40,080
28	NEW SERVICES FOR NF A/B, SUBACUTE & IHMC WAIVE	\$0	\$0	\$67,090	\$33,540	\$67,090	\$33,540
32	FAMILY PACT STATE ONLY SERVICES	\$0	\$0	\$0	\$2,500,000	\$0	\$2,500,000
33	CLPP FUNDING FOR EPSDT LEAD SCREENS	\$0	\$0	\$0	\$0	\$0	\$0
34	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$94,144,700	\$0	-\$112,063,900	\$0	-\$17,919,200
35	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	\$5,418,500	\$0	\$5,362,500	\$0	-\$56,000
37	EXPANSION OF NF A/B WAIVER (SB 643)	\$0	\$0	-\$140,000	-\$70,000	-\$140,000	-\$70,000
38	\$1800 DENTAL CAP FOR ADULTS	-\$3,126,000	-\$1,563,000	-\$2,292,000	-\$1,146,000	\$834,000	\$417,000
--	ADULT DAY HEALTH CARE REFORMS	\$862,000	\$431,000	\$0	\$0	-\$862,000	-\$431,000
--	DENTAL HEALTH FOR CHILDREN	\$1,500,000	\$750,000	\$0	\$0	-\$1,500,000	-\$750,000
--	MEDI-CAL CONTINUATION OF PART D EXCLUDED	\$193,888,580	\$96,944,290	\$0	\$0	-\$193,888,580	-\$96,944,290
--	MEDICARE PART B DEDUCTIBLE INCREASE	\$29,823,600	\$14,911,800	\$0	\$0	-\$29,823,600	-\$14,911,800
--	MMA MEDICARE DRUG BENEFIT	-\$3,371,181,030	-\$1,685,590,510	\$0	\$0	\$3,371,181,030	\$1,685,590,510
	BENEFITS SUBTOTAL	-\$2,500,407,310	-\$1,416,929,350	\$582,034,960	\$110,316,080	\$3,082,442,260	\$1,527,245,430
	<u>PHARMACY</u>						
39	HIV/AIDS PHARMACY PILOT PROGRAM	\$4,218,000	\$2,109,000	\$0	\$4,224,500	-\$4,218,000	\$2,115,500
40	NON FFP DRUGS	\$0	\$536,000	\$0	\$938,000	\$0	\$402,000
42	MEDICAL SUPPLY CONTRACTING	-\$6,762,610	-\$3,381,310	-\$6,763,320	-\$3,381,660	-\$710	-\$350
43	ENTERAL NUTRITION PRODUCTS	-\$997,000	-\$498,500	-\$7,006,500	-\$3,503,250	-\$6,009,500	-\$3,004,750
44	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$130,600,000	-\$65,300,000	-\$78,942,110	-\$39,471,050	\$51,657,900	\$25,828,950
45	AGED DRUG REBATE RESOLUTION	-\$15,000,000	-\$7,500,000	-\$12,000,000	-\$6,000,000	\$3,000,000	\$1,500,000

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
NOVEMBER 2006 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2006-07**

NO.	POLICY CHANGE TITLE	2006-07 APPROPRIATION		NOV. 2006 EST. FOR 2006-07		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	PHARMACY						
46	FAMILY PACT DRUG REBATES	-\$18,134,000	-\$5,814,800	-\$30,207,000	-\$12,214,900	-\$12,073,000	-\$6,400,100
47	STATE SUPPLEMENTAL DRUG REBATES	-\$341,651,000	-\$170,293,900	-\$357,390,000	-\$178,139,000	-\$15,739,000	-\$7,845,100
48	FEDERAL DRUG REBATE PROGRAM	-\$768,172,000	-\$382,890,800	-\$768,626,000	-\$383,117,000	-\$454,000	-\$226,200
	PHARMACY SUBTOTAL	-\$1,277,098,610	-\$633,034,310	-\$1,260,934,920	-\$620,664,360	\$16,163,690	\$12,369,940
	MANAGED CARE						
52	MANAGED CARE INTERGOVERNMENTAL TRANSFERS	\$8,000,000	\$4,000,000	\$161,000,000	\$82,500,000	\$153,000,000	\$78,500,000
55	RESTORATION OF PROVIDER PAYMENT DECREASE	\$65,415,000	\$32,707,500	\$66,415,000	\$33,207,500	\$1,000,000	\$500,000
59	RISK PAYMENTS FOR MANAGED CARE PLANS	\$6,300,000	\$3,150,000	\$5,000,000	\$2,500,000	-\$1,300,000	-\$650,000
61	PACE RATES AT 90% OF UPL	\$2,206,000	\$1,103,000	\$3,348,000	\$1,674,000	\$1,142,000	\$571,000
62	CAPITATION RATE INCREASES	\$78,050,000	\$39,025,500	\$2,860,000	\$1,430,000	-\$75,190,000	-\$37,595,500
63	QUALITY IMPROVEMENT ASSESSMENT FEE	\$2,736,000	\$1,368,000	\$2,483,000	\$1,241,500	-\$253,000	-\$126,500
64	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0	\$0	\$0	\$0
--	CAL OPTIMA 3% RATE INCREASE	\$22,402,000	\$11,222,500	\$0	\$0	-\$22,402,000	-\$11,222,500
--	MMA -- MANAGED CARE CAPITATION SAVINGS	-\$225,988,000	-\$112,994,000	\$0	\$0	\$225,988,000	\$112,994,000
--	PCCM AIDS HEALTHCARE FDN EXPANSION	\$1,616,000	\$808,000	\$0	\$0	-\$1,616,000	-\$808,000
--	SAN DIEGO COMMUNITY HEALTH GROUP AUGMENTAT	\$3,000,000	\$1,500,000	\$0	\$0	-\$3,000,000	-\$1,500,000
--	STANISLAUS 2-PLAN MODEL RECONVERSION	-\$14,135,000	-\$7,105,000	\$0	\$0	\$14,135,000	\$7,105,000
--	TWO-PLAN MODEL DEFAULT ALGORITHM	\$1,310,000	\$655,000	\$0	\$0	-\$1,310,000	-\$655,000
	MANAGED CARE SUBTOTAL	-\$49,088,000	-\$24,559,500	\$241,106,000	\$122,553,000	\$290,194,000	\$147,112,500
	PROVIDER RATES						
65	NF-B RATE CHANGES AND QA FEE	\$763,020,430	\$381,510,220	\$139,065,370	\$69,532,680	-\$623,955,060	-\$311,977,530
66	LTC RATE ADJUSTMENT	\$177,977,870	\$88,988,940	\$51,481,690	\$25,740,840	-\$126,496,180	-\$63,248,090
67	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$36,383,070	\$18,191,530	\$38,361,780	\$19,180,890	\$1,978,710	\$989,350
68	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$42,523,000	\$21,261,500	\$14,883,000	\$7,441,500	-\$27,640,000	-\$13,820,000

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
NOVEMBER 2006 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2006-07**

NO.	POLICY CHANGE TITLE	2006-07 APPROPRIATION		NOV. 2006 EST. FOR 2006-07		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<u>PROVIDER RATES</u>						
69	DME REIMBURSEMENT CHANGES	\$4,471,000	\$2,235,000	\$4,524,000	\$2,262,000	\$53,000	\$27,000
70	HOSPICE RATE INCREASES	\$15,887,240	\$7,943,620	\$4,405,590	\$2,202,800	-\$11,481,650	-\$5,740,820
71	MINIMUM WAGE INCREASE FOR LTC FACILITIES	\$0	\$0	\$2,530,690	\$1,265,340	\$2,530,690	\$1,265,340
	PROVIDER RATES SUBTOTAL	\$1,040,262,600	\$520,130,800	\$255,252,110	\$127,626,060	-\$785,010,490	-\$392,504,740
	<u>HOSPITAL FINANCING</u>						
74	HOSP FINANCING - DSH PMT	\$1,454,133,000	\$591,754,500	\$1,613,654,000	\$582,942,000	\$159,521,000	-\$8,812,500
75	HOSP FINANCING - SAFETY NET CARE POOL	\$633,169,000	\$0	\$593,848,000	\$0	-\$39,321,000	\$0
76	HOSP FINANCING - PRIVATE DSH REPLACEMENT	\$542,546,000	\$271,273,000	\$477,742,000	\$238,871,000	-\$64,804,000	-\$32,402,000
77	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$246,742,000	\$123,371,000	\$318,696,000	\$159,348,000	\$71,954,000	\$35,977,000
78	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN	\$96,763,000	\$0	\$98,767,000	\$0	\$2,004,000	\$0
79	HOSP FINANCING - CCS AND GHPP	\$72,453,000	\$0	\$72,581,000	\$0	\$128,000	\$0
80	HOSP FINANCING - DISTRESSED HOSPITAL FUND	\$53,680,000	\$26,840,000	\$57,696,000	\$28,848,000	\$4,016,000	\$2,008,000
81	HOSP FINANCING - DPH INTERIM RATE GROWTH	\$0	\$0	\$5,427,200	\$0	\$5,427,200	\$0
82	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,818,000	\$1,909,000	\$3,998,000	\$1,999,000	\$180,000	\$90,000
85	HOSP FINANCING - STABILIZATION FUNDING	\$0	\$0	\$0	\$0	\$0	\$0
86	HOSP FINANCING - BCCTP	\$0	-\$692,310	\$0	-\$291,000	\$0	\$401,310
87	BASE ADJUSTMENT - DPH INTERIM RATE	\$0	\$0	\$0	-\$420,586,000	\$0	-\$420,586,000
88	HOSP FINANCING - MIA LTC	\$0	-\$24,031,000	\$0	-\$7,328,000	\$0	\$16,703,000
89	HOSP FINANCING - DPH RATE RECONCILIATION	-\$65,232,000	-\$65,232,000	-\$30,528,000	-\$30,528,000	\$34,704,000	\$34,704,000
	HOSPITAL FINANCING SUBTOTAL	\$3,038,072,000	\$925,192,190	\$3,211,881,200	\$553,275,000	\$173,809,200	-\$371,917,190
	<u>SUPPLEMENTAL PMNTS.</u>						
90	CAPITAL PROJECT DEBT REIMBURSEMENT	\$101,012,000	\$50,506,000	\$133,691,000	\$66,845,500	\$32,679,000	\$16,339,500
91	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$130,000,000	\$0	\$120,000,000	\$0	-\$10,000,000	\$0
92	IGT FOR NON-SB 1100 HOSPITALS	\$0	\$0	\$100,000,000	\$50,000,000	\$100,000,000	\$50,000,000

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
NOVEMBER 2006 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2006-07**

NO.	POLICY CHANGE TITLE	2006-07 APPROPRIATION		NOV. 2006 EST. FOR 2006-07		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<u>SUPPLEMENTAL PMNTS.</u>						
93	FFP FOR LOCAL TRAUMA CENTERS	\$24,000,000	\$12,000,000	\$65,000,000	\$32,500,000	\$41,000,000	\$20,500,000
94	CERTIFICATION PAYMENTS FOR DP-NFS	\$36,000,000	\$0	\$37,000,000	\$0	\$1,000,000	\$0
95	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
96	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
97	DSH PAYMENTS	\$0	\$0	\$2,209,000	\$1,104,500	\$2,209,000	\$1,104,500
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$309,012,000	\$71,506,000	\$475,900,000	\$159,450,000	\$166,888,000	\$87,944,000
	<u>OTHER</u>						
110	HEALTHY FAMILIES - CDMH	\$16,998,000	\$0	\$40,394,000	\$0	\$23,396,000	\$0
111	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$14,682,000	\$7,341,000	\$14,682,000	\$7,341,000	\$0	\$0
114	MINOR CONSENT SETTLEMENT	\$9,467,000	\$9,467,000	\$9,467,000	\$9,467,000	\$0	\$0
116	ANTI-FRAUD BIC CLAIMS REPROCESSING	\$9,808,000	\$4,904,000	\$7,084,000	\$3,542,000	-\$2,724,000	-\$1,362,000
118	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$0	\$0
120	ESTATE RECOVERY REGULATIONS	\$701,000	\$350,500	\$691,000	\$345,500	-\$10,000	-\$5,000
121	FFP REPAYMENT-SPECIALTY MENTAL HEALTH	\$0	\$0	\$0	\$1,900,000	\$0	\$1,900,000
122	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
124	INDIAN HEALTH SERVICES	\$0	-\$5,511,000	\$0	-\$5,900,000	\$0	-\$389,000
125	ANTI-FRAUD EXPANSION FOR FY 2004-05	\$0	\$0	\$0	\$0	\$0	\$0
126	NON-INSTITUTIONAL PROVIDER OVERPAYMENTS	\$0	\$36,000,000	\$0	\$36,000,000	\$0	\$0
127	STATE-ONLY IMD ANCILLARY SERVICES	\$0	\$11,900,000	\$0	\$11,900,000	\$0	\$0
129	MEDICAL SUPPORT ENHANCEMENTS	-\$966,960	-\$483,480	-\$1,006,460	-\$503,230	-\$39,500	-\$19,750
130	GLAXOSMITHKLINE SETTLEMENT	\$0	\$0	-\$1,239,000	-\$1,239,000	-\$1,239,000	-\$1,239,000
131	EDS COST CONTAINMENT PROJECTS	-\$12,392,900	-\$5,926,510	-\$2,261,600	-\$1,130,800	\$10,131,300	\$4,795,710
132	NEW RECOVERY ACTIVITIES	-\$142,305,070	-\$71,152,530	-\$19,488,630	-\$9,744,310	\$122,816,440	\$61,408,220
133	ANTI-FRAUD EXPANSION FOR FY 2005-06	-\$133,698,980	-\$66,849,490	-\$125,087,000	-\$62,543,500	\$8,611,980	\$4,305,990

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
NOVEMBER 2006 ESTIMATE COMPARED TO APPROPRIATION
FISCAL YEAR 2006-07**

NO.	POLICY CHANGE TITLE	2006-07 APPROPRIATION		NOV. 2006 EST. FOR 2006-07		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	OTHER						
134	ANTI-FRAUD EXPANSION FOR FY 2006-07	-\$52,414,270	-\$26,207,140	-\$45,039,690	-\$22,519,850	\$7,374,580	\$3,687,290
--	5% PAYMENT DECREASE RESCISSION - SB 912	\$64,147,000	\$30,325,000	\$0	\$0	-\$64,147,000	-\$30,325,000
--	5% PROVIDER PAYMENT DECREASE - AB 1735	-\$66,078,000	-\$31,243,000	\$0	\$0	\$66,078,000	\$31,243,000
--	FAMILY PACT STERILIZATION POLICY	\$0	-\$2,000,000	\$0	\$0	\$0	\$2,000,000
--	FQHC RATE ADJUSTMENTS	\$25,177,190	\$12,588,600	\$0	\$0	-\$25,177,190	-\$12,588,600
--	HOSP FINANCING-DPH INTERIM PAYMENT	\$767,703,000	\$0	\$0	\$0	-\$767,703,000	\$0
--	HOSP FINANCING - INPATIENT BASE REDUCTION	-\$813,634,000	-\$406,817,000	\$0	\$0	\$813,634,000	\$406,817,000
--	INPATIENT PSYCHIATRIC CARE SAVINGS	-\$1,765,690	-\$1,765,690	\$0	\$0	\$1,765,690	\$1,765,690
--	NON-CONTRACT HOSPITAL AUDITS	-\$16,876,000	-\$8,438,000	\$0	\$0	\$16,876,000	\$8,438,000
--	ORTHOPAEDIC HOSPITAL - LAB SERVICES	\$14,594,000	\$7,297,000	\$0	\$0	-\$14,594,000	-\$7,297,000
--	OUT-OF-STATE HOSPITAL JUDGMENT	\$309,830	\$154,910	\$0	\$0	-\$309,830	-\$154,910
--	WEEKLY FORMULARY PRICING UPDATE	\$8,500,000	\$4,250,000	\$0	\$0	-\$8,500,000	-\$4,250,000
	OTHER SUBTOTAL	-\$307,044,840	-\$500,815,830	-\$120,804,370	-\$32,085,190	\$186,240,470	\$468,730,640
	GRAND TOTAL	\$862,574,470	-\$693,398,960	\$3,973,805,670	\$769,350,430	\$3,111,231,210	\$1,462,749,390

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

FISCAL YEAR 2006-07 COST PER ELIGIBLE BASED ON NOVEMBER 2006 ESTIMATE

SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$36,580,970	\$8,486,790	\$337,211,180	\$67,575,790	\$7,216,000	\$106,640
OTHER MEDICAL	\$65,608,500	\$15,305,200	\$439,969,520	\$170,856,380	\$6,621,850	\$306,960
COUNTY OUTPATIENT	\$1,002,010	\$597,200	\$24,542,200	\$4,586,490	\$110,800	\$140
COMMUNITY OUTPATIENT	\$21,189,060	\$4,008,740	\$197,052,120	\$36,733,940	\$1,063,400	\$14,230
PHARMACY	\$55,067,810	\$19,241,480	\$1,027,031,050	\$79,484,190	\$15,133,990	\$201,890
COUNTY INPATIENT	\$6,765,040	\$1,661,030	\$117,796,070	\$21,588,690	\$1,676,450	\$50
COMMUNITY INPATIENT	\$173,209,210	\$26,202,950	\$986,560,020	\$212,795,510	\$20,830,690	\$180,130
NURSING FACILITIES	\$390,358,460	\$26,353,630	\$636,596,660	\$1,956,680	\$1,791,275,200	\$7,478,090
ICF-DD	\$310,280	\$10,463,320	\$187,989,150	\$850,100	\$16,110,370	\$3,437,050
MEDICAL TRANSPORTATION	\$17,136,080	\$5,647,290	\$68,033,490	\$4,955,720	\$4,577,220	\$153,520
OTHER SERVICES	\$138,537,180	\$12,992,470	\$490,437,780	\$37,241,210	\$66,721,100	\$360,980
HOME HEALTH	\$83,340	\$12,280,700	\$88,136,010	\$3,710,500	\$3,450	\$0
FFS SUBTOTAL	\$905,847,920	\$143,240,810	\$4,601,355,250	\$642,335,210	\$1,931,340,520	\$12,239,690
DENTAL	\$33,812,920	\$2,093,300	\$77,772,310	\$109,068,360	\$4,091,460	\$17,300
TWO PLAN MODEL	\$19,396,610	\$6,124,110	\$453,881,320	\$880,277,390	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$118,426,060	\$12,945,960	\$466,458,630	\$175,580,640	\$264,699,440	\$659,380
GEOGRAPHIC MANAGED CARE	\$5,599,930	\$1,747,520	\$116,676,040	\$159,567,040	\$0	\$0
PHP & OTHER MANAG. CARE	\$60,709,920	\$3,848,030	\$161,816,680	\$9,909,980	\$0	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$17,347,650	\$0	\$0
MEDICARE PAYMENTS	\$1,021,227,540	\$54,302,620	\$1,495,932,210	\$0	\$136,589,360	\$1,743,810
STATE HOSP./DEVELOPMENTAL CNTRS.	\$1,036,340	\$1,951,640	\$78,490,860	\$4,652,760	\$4,284,560	\$766,240
MISC. SERVICES	\$472,616,170	\$29,258,920	\$1,878,856,510	\$1,322,930	\$390	\$0
NON-FFS SUBTOTAL	\$1,732,825,500	\$112,272,120	\$4,729,884,550	\$1,357,726,750	\$409,665,210	\$3,186,730
TOTAL DOLLARS (1)	\$2,638,673,430	\$255,512,930	\$9,331,239,800	\$2,000,061,970	\$2,341,005,740	\$15,426,420
ELIGIBLES ***	390,400	23,900	896,900	1,211,300	47,200	200
ANNUAL \$/ELIGIBLE	\$6,759	\$10,691	\$10,404	\$1,651	\$49,598	\$77,132
AVG. MO. \$/ELIGIBLE	\$563	\$891	\$867	\$138	\$4,133	\$6,428

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

*** Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 32. Refer to page following report for listing.

FISCAL YEAR 2006-07 COST PER ELIGIBLE BASED ON NOVEMBER 2006 ESTIMATE

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$7,367,790	\$54,636,330	\$551,580	\$57,090,230	\$305,060,300	\$35,217,870
OTHER MEDICAL	\$5,680,480	\$73,820,090	\$1,827,620	\$100,503,880	\$436,758,770	\$70,649,500
COUNTY OUTPATIENT	\$303,660	\$4,448,170	\$68,970	\$8,979,140	\$21,126,500	\$2,327,810
COMMUNITY OUTPATIENT	\$1,151,600	\$20,398,570	\$121,930	\$26,968,190	\$113,155,800	\$14,498,670
PHARMACY	\$17,626,600	\$79,961,570	\$660,010	\$85,039,050	\$149,133,180	\$36,408,570
COUNTY INPATIENT	\$13,665,980	\$18,283,020	\$409,070	\$105,348,590	\$179,691,320	\$15,215,360
COMMUNITY INPATIENT	\$33,136,640	\$110,763,710	\$1,561,620	\$241,880,400	\$1,065,489,570	\$104,310,910
NURSING FACILITIES	\$434,413,750	\$195,964,420	\$1,279,130	\$64,875,670	\$18,099,970	\$8,506,480
ICF-DD	\$182,310,310	\$13,640	\$0	\$6,628,020	\$535,620	\$2,654,490
MEDICAL TRANSPORTATION	\$2,550,500	\$12,024,460	\$466,430	\$15,309,910	\$12,681,010	\$1,902,650
OTHER SERVICES	\$12,215,340	\$92,039,850	\$305,240	\$67,041,450	\$95,708,350	\$13,325,940
HOME HEALTH	\$34,410	\$761,870	\$12,660	\$46,269,940	\$7,941,900	\$6,428,990
FFS SUBTOTAL	\$710,457,060	\$663,115,710	\$7,264,270	\$825,934,470	\$2,405,382,280	\$311,447,250
DENTAL	\$1,280,200	\$19,202,940	\$52,040	\$10,382,080	\$258,767,020	\$21,350,930
TWO PLAN MODEL	\$0	\$17,612,190	\$170,180	\$24,354,050	\$1,727,965,670	\$34,993,940
COUNTY ORGANIZED HEALTH SYSTEMS	\$102,283,290	\$65,447,680	\$229,020	\$67,317,610	\$457,548,940	\$19,368,670
GEOGRAPHIC MANAGED CARE	\$0	\$3,168,230	\$0	\$6,222,010	\$192,813,500	\$6,291,590
PHP & OTHER MANAG. CARE	\$0	\$34,574,650	\$94,410	\$21,416,860	\$22,747,850	\$1,892,260
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$40,316,560	\$3,237,800
MEDICARE PAYMENTS	\$33,133,590	\$248,610,270	\$1,865,480	\$160,315,460	\$13,627,660	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$201,462,920	\$88,380	\$235,670	\$1,713,900	\$5,204,160	\$3,024,800
MISC. SERVICES	\$120	\$267,682,840	\$725,430	\$250,138,050	\$3,130,230	\$258,280
NON-FFS SUBTOTAL	\$338,160,120	\$656,387,170	\$3,372,220	\$541,860,020	\$2,722,121,600	\$90,418,260
TOTAL DOLLARS (1)	\$1,048,617,170	\$1,319,502,880	\$10,636,490	\$1,367,794,490	\$5,127,503,880	\$401,865,510
ELIGIBLES ***	14,500	212,600	600	111,400	2,976,200	243,800
ANNUAL \$/ELIGIBLE	\$72,318	\$6,207	\$17,727	\$12,278	\$1,723	\$1,648
AVG. MO. \$/ELIGIBLE	\$6,027	\$517	\$1,477	\$1,023	\$144	\$137

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

*** Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 32. Refer to page following report for listing.

FISCAL YEAR 2006-07 COST PER ELIGIBLE BASED ON NOVEMBER 2006 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$4,265,480	\$514,520	\$30,255,100	\$180,496,800	\$3,646,500	\$4,011,780
OTHER MEDICAL	\$3,451,640	\$718,410	\$37,436,640	\$173,709,160	\$13,771,520	\$6,808,300
COUNTY OUTPATIENT	\$378,950	\$112,530	\$2,991,170	\$6,632,160	\$339,240	\$278,180
COMMUNITY OUTPATIENT	\$1,304,700	\$122,370	\$7,615,830	\$27,977,470	\$2,372,840	\$2,392,880
PHARMACY	\$3,387,180	\$492,020	\$11,568,300	\$14,764,140	\$2,821,440	\$2,876,830
COUNTY INPATIENT	\$2,563,420	\$51,640	\$45,560,410	\$45,456,630	\$669,610	\$980,130
COMMUNITY INPATIENT	\$13,218,210	\$377,330	\$107,147,560	\$360,483,070	\$8,974,480	\$11,524,550
NURSING FACILITIES	\$41,858,200	\$0	\$17,386,330	\$0	\$0	\$0
ICF-DD	\$1,806,990	\$0	\$684,240	\$0	\$0	\$0
MEDICAL TRANSPORTATION	\$358,490	\$17,150	\$3,151,600	\$1,846,080	\$220,250	\$228,480
OTHER SERVICES	\$1,128,690	\$54,500	\$2,138,300	\$7,412,800	\$3,193,440	\$3,515,630
HOME HEALTH	\$33,370	\$680	\$146,410	\$870,640	\$455,410	\$1,095,390
FFS SUBTOTAL	\$73,755,320	\$2,461,140	\$266,081,890	\$819,648,950	\$36,464,720	\$33,712,150
DENTAL	\$380,600	\$953,060	\$107,850	\$156,140	\$7,750,790	\$9,349,200
TWO PLAN MODEL	\$2,162,700	\$789,570	\$0	\$27,510,670	\$57,679,200	\$45,901,000
COUNTY ORGANIZED HEALTH SYSTEMS	\$3,867,190	\$286,940	\$3,850,030	\$14,804,280	\$21,792,060	\$14,113,240
GEOGRAPHIC MANAGED CARE	\$288,960	\$104,950	\$0	\$7,439,410	\$11,703,900	\$8,240,760
PHP & OTHER MANAG. CARE	\$29,290	\$0	\$0	\$1,315,220	\$739,330	\$596,140
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,471,000	\$1,092,590
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$153,990	\$31,900	\$312,050	\$387,350	\$0	\$3,240,480
MISC. SERVICES	\$3,680	\$0	\$0	\$164,590	\$23,450	\$18,400
NON-FFS SUBTOTAL	\$6,886,410	\$2,166,410	\$4,269,930	\$51,777,650	\$101,159,740	\$82,551,800
TOTAL DOLLARS (1)	\$80,641,720	\$4,627,560	\$270,351,820	\$871,426,600	\$137,624,460	\$116,263,950
ELIGIBLES ***	4,000	1,900	71,700	198,100	103,900	85,500
ANNUAL \$/ELIGIBLE	\$20,160	\$2,436	\$3,771	\$4,399	\$1,325	\$1,360
AVG. MO. \$/ELIGIBLE	\$1,680	\$203	\$314	\$367	\$110	\$113

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

*** Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 32. Refer to page following report for listing.

FISCAL YEAR 2006-07 COST PER ELIGIBLE BASED ON NOVEMBER 2006 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$1,140,291,650
OTHER MEDICAL	\$1,623,804,420
COUNTY OUTPATIENT	\$78,825,320
COMMUNITY OUTPATIENT	\$478,142,320
PHARMACY	\$1,600,899,290
COUNTY INPATIENT	\$577,382,520
COMMUNITY INPATIENT	\$3,478,646,570
NURSING FACILITIES	\$3,636,402,670
ICF-DD	\$413,793,590
MEDICAL TRANSPORTATION	\$151,260,330
OTHER SERVICES	\$1,044,370,270
HOME HEALTH	\$168,265,680
FFS SUBTOTAL	\$14,392,084,620
DENTAL	\$556,588,500
TWO PLAN MODEL	\$3,298,818,590
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,809,679,040
GEOGRAPHIC MANAGED CARE	\$519,863,830
PHP & OTHER MANAG. CARE	\$319,690,630
EPSDT SCREENS	\$63,465,590
MEDICARE PAYMENTS	\$3,167,348,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$307,038,000
MISC. SERVICES	\$2,904,200,000
NON-FFS SUBTOTAL	\$12,946,692,190
TOTAL DOLLARS (1)	\$27,338,776,810
ELIGIBLES ***	6,594,100
ANNUAL \$/ELIGIBLE	\$4,146
AVG. MO. \$/ELIGIBLE	\$345

(1) Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

*** Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 32. Refer to page following report for listing.

FISCAL YEAR 2006-07 COST PER ELIGIBLE BASED ON NOVEMBER 2006 ESTIMATE

EXCLUDED POLICY CHANGES: 32

1	FAMILY PLANNING INITIATIVE
2	BREAST AND CERVICAL CANCER TREATMENT
4	CHDP GATEWAY - PREENROLLMENT
5	BRIDGE TO HFP
8	MEDI-CAL/HF BRIDGE PERFORMANCE STANDARDS
9	MEDI-CAL TO HFP ACCELERATED ENROLLMENT
10	BCCTP RETROACTIVE COVERAGE
12	HURRICANE KATRINA SECTION 1115 WAIVER
35	CDSS SHARE OF COST PAYMENT FOR IHSS
46	FAMILY PACT DRUG REBATES
74	HOSP FINANCING - DSH PMT
75	HOSP FINANCING - SAFETY NET CARE POOL
76	HOSP FINANCING - PRIVATE DSH REPLACEMENT
77	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT
78	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN
79	HOSP FINANCING - CCS AND GHPP
80	HOSP FINANCING - DISTRESSED HOSPITAL FUND
82	HOSP FINANCING - NDPH SUPPLEMENTAL PMT
83	HOSP FINANCING - HEALTH CARE COVERAGE
85	HOSP FINANCING - STABILIZATION FUNDING
87	BASE ADJUSTMENT - DPH INTERIM RATE
90	CAPITAL PROJECT DEBT REIMBURSEMENT
91	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
92	IGT FOR NON-SB 1100 HOSPITALS
93	FFP FOR LOCAL TRAUMA CENTERS
94	CERTIFICATION PAYMENTS FOR DP-NFS
95	DSH OUTPATIENT PAYMENT METHOD CHANGE
96	SRH OUTPATIENT PAYMENT METHOD CHANGE
97	DSH PAYMENTS
109	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
110	HEALTHY FAMILIES - CDMH
114	MINOR CONSENT SETTLEMENT